



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WASTE MANAGEMENT PROGRAM  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

RECEIVED  
OCT 22 1991  
HWPM-6-916C

SEND TO

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM  
P.O. BOX 176, JEFFERSON CITY, MO 65102

FOR OFFICIAL USE ONLY

COMMENTS

C  
C

INSTALLATION'S EPA ID NUMBER

APPROVED

DATE RECEIVED  
YR. MO. DAY

C  
F

MO 0981 705734

0  
1

I. NAME OF INSTALLATION

PETERBILT OF SPRINGFIELD INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX NUMBER

C  
3

2725 N EASTGATE

CITY OR TOWN

STATE

ZIP CODE

C  
4

SPRINGFIELD

MO 65803

III. LOCATION OF INSTALLATION

STREET AND NUMBER

C  
5

2725 N EASTGATE

CITY OR TOWN

STATE

ZIP CODE

C  
6

SPRINGFIELD

MO 65803

IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE)

TELEPHONE NUMBER

C  
2

LARSON GLENN

VP

4178655355

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (ENTER CODE)

C  
R

LARSON CLAIRE

P.

VI. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)

A. HAZARDOUS WASTE ACTIVITY

B. USED OIL FUEL ACTIVITIES

- ☒ 1a. GENERATOR ☒ 1b. LESS THAN 1,000 KG./MO.  
☐ 2. TRANSPORTER  
☐ 3. TREATER/STORER/DISPOSER  
☐ 4. UNDERGROUND INJECTION  
☐ 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X' & mark appropriate boxes below)  
☐ A. GENERATOR MARKETING TO BURNER  
☐ B. OTHER MARKETER  
☐ C. BURNER

- ☐ 6. OFF-SPECIFICATION USED OIL FUEL  
(enter 'X' & mark appropriate boxes below)  
☐ a. GENERAL  
☐ b. OTHER M  
☐ c. BURNER  
☐ 7. SPECIFICATIVE WHO FIRST CL

444837



RCRA RECORDS

VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE

(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)

- ☐ A. UTILITY BOILER ☐ B. INDUSTRIAL BOILER ☐ C. INDUSTRIAL FURNACE

VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))

- ☐ A. AIR ☐ B. RAIL ☒ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (SPECIFY)

IX. FIRST OR SUBSEQUENT NOTIFICATION

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)

C. INSTALLATION'S EPA I.D. NUMBER

ID - FOR OFFICIAL USE ONLY											
				C W						T/A	C 1
<b>X. DESCRIPTION OF HAZARDOUS WASTE</b>											
<b>A. Wastes from Nonspecific Sources (F-List).</b> Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.											
WASTE I.D. NO.		1001									
AMOUNT AND FREQUENCY		510 lbs. A									
<b>B. Wastes from Specific Sources (K-List).</b> Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.											
WASTE I.D. NO.											
AMOUNT AND FREQUENCY											
<b>C. Commercial Chemical Product Wastes (W and P Lists).</b> Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.											
WASTE I.D. NO.											
AMOUNT AND FREQUENCY											
<b>D. (Reserved)</b>											
<b>E. Characteristics of Nonlisted Hazardous Wastes.</b> Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.											
AMOUNT AND FREQUENCY		<input checked="" type="checkbox"/> 1. IGNITABLE (D001) 516 lbs. A		<input type="checkbox"/> 2. CORROSIVE (D002) lbs.		<input type="checkbox"/> 3. REACTIVE (D003) lbs.					
AMOUNT AND FREQUENCY		<input type="checkbox"/> 4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency. lbs.									
<b>MISSOURI REQUIRED INFORMATION</b>											
MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED) _____											
PRINCIPAL BUSINESS ACTIVITY <u>TRUCK DEALERSHIP</u>											
S.I.C. CODE (LEAVE BLANK IF UNCERTAIN) <span style="border: 1px solid black; padding: 2px;">  </span>											
CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY <input type="checkbox"/>											
<b>XI. CERTIFICATION</b>											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.											
SIGNATURE <u>Ron Thomas</u>				NAME AND OFFICIAL TITLE (TYPE OR PRINT) <u>Serv. Manager</u>				DATE <u>10-21-91</u>			